

Lori A. Shibinette Commissioner

Lisa M. Morris Director

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES BUREAU OF PUBLIC HEALTH PROTECTION

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Request for Use of Abatement Alternatives

As defined by RSA 130-A:1, 2	XVIII and in accordance with He	-P 1609.04, I,	,	
•			(Print Name of Owner)	
do hereby certify that I am the	owner of the property identified	below:		
	(Address, Apt.#, City, Stat	e)		
I further certify that the dwelli	ing identified above is currently (check the applicable	box):	
☐ Vacant and w	Vacant and will remain vacant until the Order(s) has been satisfied.			
Converted to	Converted to non-residential use (explain and provide documentation)			
•	der Order):		ent of soils, any other outbuilding	
I hereby certify as (check appl Owner(s)	licable box, and list contact info,	as requested, below)	:	
Owner's Agent (e	explain and provide documentation	n)		
that the above information is t	rue and accurate, on this	day, of	, 20	
	d, understand, and agree to compad Poisoning Prevention Statute		mpshire Lead Poisoning Preventio	
(Print Name)	(Signa	ture)		
(Primary Phone Number)	(Secondary Phone N	lumber)	(Email Address)	

This certification statement is valid for one (1) year from the date of signature above. If the dwelling or dwelling unit(s) are to remain off the residential rental market as certified above, **this certification statement must be submitted annually.** Failure to submit this certification annually shall result in a \$1,000.00 Administrative Fine pursuant to He-P 1606.01(h)(3), for noncompliance with an Order.

Please note that the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) has the right to conduct compliance checks of all properties under Order. If the unit(s) is certified vacant, converted to non-residential use or destroyed and is found to be occupied and there is no valid Certificate of Compliance, the property owner shall be subject to fines of \$5,000 per incidence.